

The Fear of Mental Illness

An Honors Thesis (ART 490)

by

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Abstract

Social interaction is a complicated chain of projection and perception in which perception of personal identity can be affected. There are certain social cues that have been deemed unacceptable by society at large, like any behavior that implicates a mental illness. Mental illness is viewed as a negative and shameful thing by many even though it is a common issue for a large portion of the population. This trend has impacted from external and internal sources. As I grew older I realized that I had to address my negative perceptions of mental illness. This project was a way of forcing myself to confront this discomfort and fear that I held towards myself and various others from my past. Researching and explaining my BFA thesis in this paper has helped me normalize, understand, and accept myself and others.

Keywords: mental illness, fear, acceptance, perception, social projection

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Acknowledgements

This project was a social experiment in every aspect. It stemmed from my own questions of social interaction and influence and was made possible by my circle of friends during my time at Ball State University. My friends helped me complete this body of work by letting me borrow their furniture to use as props, standing in as models, letting me use their homes to set up for photos, as well as being present for countless brainstorming sessions, redesigns, and sleepless nights. My friends changed my outlook on life and social interaction which is what allowed me reach the mental state needed to tackle this project. A special thank you goes out to the faculty in the art department for encouraging me to pursue the arts and teaching me how to do so. I would like to thank faculty member Jacinda Russell in particular for being a mentor and a friend, and for not giving up on me with this project. I would not have been able to finish, or even start, this project without the people that surrounded and supported me over the past seven years. Thank you.

Everyone's understanding of the world is limited to their own experiences, much like a viewer trying to examine a room by peeking through a keyhole. A viewer might be able to get a general idea of what the room contains, but a complete picture of the room can't come from just peeking through the keyhole. The keyhole is an analogy for allowing limitations such as bigotry, laziness, and fear to impact our understanding and interactions with others. These limitations can simplify our understanding of others, which leads to miscommunication and confusion in our social interactions. The biggest paradox that I've found with humanity is our capacity for both "good" and "bad". We may find it easy to label a person as one of those extremes, but we must realize that such labels are shallow and limiting. Humanity is more than just "good" and "bad". We are so complex that oftentimes we don't fully understand even ourselves, which can lead to measuring and identifying ourselves in the way we're treated by others. We default to using others' perceptions of us to shape our own understanding of ourselves. Communicating about our experiences can help us better understand and help each other, and can ultimately help us better understand ourselves. This is the type of communication and understanding I am trying to encourage with my series, *The Fear of Mental Illness*.

We, as humans, need to think about how we interact with and affect each other. Every action has layers of motives that ripple through social exchanges to shape our perception of who we are and what we are supposed to be. Our actions can (intentionally or not) encourage or stigmatize certain behaviors in others. For example, an individual experiencing mental illness who is trying to avoid judgement will act a certain way to be accepted, which may lead to the neglect of treatment for mental illness. In fact, there is an alarming gap in the amount of people diagnosed with mental illness and those who seek treatment. In 2016, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 44.7 million adults

aged 18 or older (18.3 percent of all adults in the US) had any mental illness (AMI) in the past year, but only 19.2 million (43.1%) received mental health treatment in the past year. This gap in treatment is problematic, and suggests that a large percentage of adults in the US may be in denial about their mental health issues. Ignoring mental health promotes social division and misconceptions of identity. It would benefit us to take a step back and think about how others may influence our perceptions of ourselves, how social interactions motivate us, and what we need to do as individuals to be healthy and functional.

An adolescent's life is a time of learning and adapting, where foundations of what is assumed normal and what is not are learned by example. During this period of growth, identity is heavily influenced by perception of surroundings and interactions with others. High levels of self-consciousness during these years create an urge to fit in and be "normal". This same urge causes adolescents to negatively react to anything that is "weird", providing incentive for homogeneity. The SAMHSA estimates that 49.5% of adolescents (aged 13-18) had any mental disorder in 2016. One may think of adolescents as sponges, quickly soaking up external social influences. It was during this developmental period that I shaped an aversion to discussing mental health or considering mental health a priority. My relationships with my family were different from most teenagers I interacted with, so I thought that it was something I had to hide. I felt that I was different so I felt that I was wrong. I learned to stigmatize mental illness and conditioned myself to dissociate from those issues. I constructed my identity based on this, deliberately ignoring parts of myself and my experience as an adolescent. Choosing this topic for my thesis and confronting my inner fears was an attempt at changing my perception of myself and my past. Through this, I found that familiarization with "the unknown" creates the potential for personal growth and promotes empathy and understanding with others. With this thesis, I

aimed to explore my own fears of identity and display them in such a way that a viewer might also reevaluate their perceptions of mental illness.

The Fear of Mental Illness is a research, performance, and documentation-based project that has given me an outlet to explore how I perceive and construct my own identity. It is a study of human empathy and consciousness that examines the general, social subject and observer relationship. It also explores how I relate myself to my memories and observations of others concerning mental health. At the beginning of this project, casual investigation led to full submersion into memories that I had previously avoided. This helped me draw comparisons between myself and my fears and allowed me to better understand my personal motivations. Exaggerating and documenting behaviors I have struggled with enabled me to recognize those behaviors by putting them into a different perspective.

The final thesis installation (figure 1) contains photographs and objects that serve as evidence to be inspected by the viewer. Each piece works together to create a fully functional living room in a gallery which the viewer is invited to enter and examine. The photographs surround the viewer, showing domestic spaces that suggest the presence of a subject struggling with mental instability. If there is a model included in a particular image they are obscured, either by blurring or by only showing a small part of their body such as a hand. The objects in the installation are a mix of found and created, each with a purpose and placement to be considered in relation to the fictional subject. Many objects to be found in the final gallery installation are present in the photography exhibited. The personal nature of the work encourages the viewer to immerse themselves in the art that is installed and compare it to their own habits, compulsions, and identity.



Figure 1
Install Documentation
Digital Photo
Ball State Atrium Gallery
December 2015

In the book *The Presentation of Self in Everyday Life* (1959) Erving Goffman describes micro-interactions, which are defined as verbal and non-verbal cues that occur during social exchanges. These cues are actions that assist with social perception, i.e. body language, tone of voice, etc. They shape interactions between one individual to another, providing a balance of perception and reaction. For example, one individual can provide cues for another individual to interpret, where the second individual then presents a reaction to be perceived by the first. This process, defined as reciprocal influence, continues back and forth to build a social exchange. Goffman focuses on how individuals attempt to present themselves and what it can mean if their verbal and non-verbal cues are inconsistent. Discrepancies in verbal and non-verbal cues (saying “I’m fine,” but frowning) that are presented by one individual can lead the other to infer that the first is “acting”. Though an individual may be conscious of the ripples in perception that

reciprocal influence creates, the projection of an ideal image of self oftentimes still exists in social performance. The actor is expecting others to believe their projection as true, despite evidence that indicates otherwise. One may consider that the actor is trying to convince themselves of this ideal self-image as much as they are trying to convince others. Here, a question of authenticity arises; if an individual is “acting”, are they being disingenuous? Is changing how one is perceived a deceptive act? The theory of promissory character suggests that individuals do tend to take honesty in expression for granted, meaning that the self we present is believed to be genuine by observers:

“Society is organized on the principle that any individual who possesses certain social characteristics has a moral right to expect that others will value and treat him in an appropriate way. Connected with this principle is a second, namely that an individual who implicitly or explicitly signifies that he has a certain social characteristic ought in fact to be what he claims to be.” (p.13)

The theory of promissory character can provide the actor with a social coping mechanism. Certain characteristics are rewarded, valued, and accepted by popular society and other characteristics are not. It follows that any person would act a certain way to be treated a certain way. Causing others to believe their more ideal projection as true creates this ripple of encouraging social exchanges, which further encourages selling a projection as reality. If the actor convinces their audience that they are “fine”, it is easier for the actor to convince themselves that they are “fine”. The actor is consumed by their role and is comforted by public validation of their ideal, projected character. The subject in *The Fear of Mental Illness* uses acting in this way, seeming to overcompensate for aspects of themselves of which they are ashamed.

Relying on acting as a social tool allows an actor to ignore the parts of themselves that they don't deem acceptable. This could lead to the neglect of mental health care because of the stigma that comes with mental illness. Mental health is often stigmatized by the public, according to a 2013 Kaiser poll:

"The February poll suggests that many Americans are themselves uncomfortable with the idea of interacting with people who have a serious mental illness as a general category. For example, two-thirds of parents say they would not feel comfortable having "a person with a serious mental illness" work in their child's school, and nearly half the public (47 percent) would feel at least somewhat uncomfortable living next door to such a person. Overall, four in ten express discomfort at the idea of having a coworker with a serious mental illness."

Since mental illness is commonly a source of discomfort for many Americans, it is easy to understand why someone suffering from mental illness would feel the need to present an edited version of themselves to the public eye. Mental health treatment and literacy has advanced in recent years but there have been no reports of social distance decreasing since 1996. In fact, data suggests that stigmatization of mental illness has been steadily increasing since 1950, with spontaneous mentions of "danger" and "violence" in response to "What is mental illness?" The main causes of any kind of stigma stem from a lack of social acceptance. Acting is a way of avoiding this rejection. (Pescosolido, 8-10) Mental health care is avoided because people don't want to admit to mental illness and be stigmatized as violent, dangerous, and unstable. Seeking psychological therapy is a social clue that points to abnormal behavior so it is often avoided by an individual prone to "acting". Normalizing mental health care would decrease this social pressure.

A wide spectrum of options with psychological therapy can allow a person with any severity of mental illness to find treatment and support. Art therapy is one form of treatment that was explored while creating this body of work. According to the American Art Therapy Association, art therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological health, cognitive abilities, and sensory-motor functions. Art therapists use art as a clinical tool to reach patients in a nonverbal way, especially in cases where traditional psychotherapy has proved to be ineffective. Creating art is an action that allows an individual to express themselves nonverbally, which can lead to developments that would be inaccessible through other methods of therapy. Some artists take cues from art therapy and work through their personal issues in their creation process. The process behind this approach has been defined as “art as therapy”. Art therapy differs from “art as therapy” in a clinical sense. The process is similar, using art as a method of working through conflict, but an artist using “art as therapy” is not observed or diagnosed by a mental health professional. In this case, the artist acts as both therapist and patient in a subjective environment, creating and analyzing work in a more personal way. An artist may use counselling methods in their creative process but does not receive professional feedback or support.

A therapeutic method called Internal Family Systems (IFS) is the key to understanding the purpose of the fictional character that is documented and displayed for the viewer to examine in *The Fear of Mental Illness*. The IFS method of therapy uses the concept of “self” to help a patient identify and reconcile with conflicting “parts” of his or her personality. Through a written interview with art therapist Jade Wurster during December of 2016, I learned more about this method:

“...parts are representations of specific dispositions, characteristics, or ideas of ourselves that are recognized within ourselves throughout our lives. For instance, some people will look at a situation and state, "there's a part of me that wants to join the party. There's another part of me that feels hurt being by a certain person." ...Everyone has parts, and you can have as many or as little parts interacting within you. The parts are best seen as moments of internal conflict, especially when they are unable to unify and work with the Self, causing mental instability, such as anxiety, frustration, etc.” (Wurster).

IFS works by encouraging a patient to recognize the parts of themselves that may be causing conflict or encouraging destructive behaviors. Wurster stresses that creating art helps her clients isolate and identify these conflicting parts in order to confront them more readily. Art can be used as a container for these parts, enabling patients to visualize different aspects of themselves and begin resolving their damaging behaviors. Creating a fictional character for this thesis aligns with the IFS model of psychotherapy. *The Fear of Mental Illness* contains visual representations of multiple aspects of mental illness, leading each photo or series of photos to serve as an investigation of self through evidence left behind by the fictional character.

The fictional character in this thesis is a representation of myself and my investigation. Each photograph included in this body of work communicates an aspect of my experience with mental illness. Things I have done, as well as things that I have observed others do, work together to inform the content of these photos. Specific influences include memories of family members, perceptions of the media, and observations of how potential social validation shapes presentation of self. This investigation is shown in order to provoke the viewer to embark on an investigation of their own. Relating to the artist on a personal level is integral to this work, since

its intention is rooted in reevaluation of identity. A journal serves as a physical record of my process (figures 2 to 4), compiling sketches of proposed projects, development of ideas, and related material from my previous personal journals. Here is an excerpt from that journal, which is a poem titled “My Favorite Neon Sign”:

“Lines”

It’s insane to think that I once thought that sleeping next to you was the most selfish act I could commit:

How could I justify missing the way you breathed, the way the moonlight came down in rays to touch you through the cracks in the blinds, how your soft snoring was the most comforting sound I’d ever heard;

How could I waste time with such a basic, greedy, human function when there was so much more of you to learn?

This poem, dated back to three years before *The Fear of Mental Illness* was created, is a record of dissociation from mental health and self-care. Written as a reflection on falling in love, it is a realization of ignoring the body’s basic needs. The poem goes so far as to describe sleep as greedy and selfish, prioritizing spending time and energy on another person. It was much easier to externalize sources of happiness and allow romantic distractions to be a measure of success than it was to achieve fulfillment from within myself. Shifting focus from my own mental health to instead help others cope with their problems is one reason that the issues addressed in this work are investigated. This poem, among other entries, presents personal processes to the viewer in order to relate the fictional subject to the artist. In this way I directly place my own character and personality into the investigation of the fictional subject included in the visual aspect of the work. The highly personal content in this journal contains notes on the installation, acting to

guide the viewer through the space. The viewer must make the choice to consume this media, encouraging consideration of each object placed in the final gallery installation.

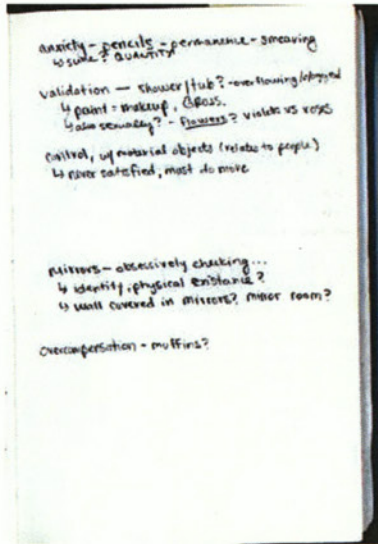


Figure 2
Page from Journal 1
Digital Scan
9 x 6 in.
2015

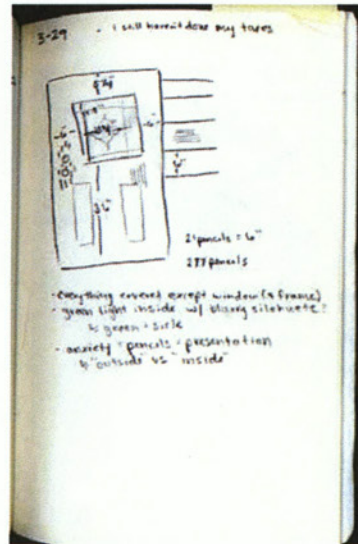


Figure 3
Page from Journal 1
Digital Scan
9 x 6 in.
2015

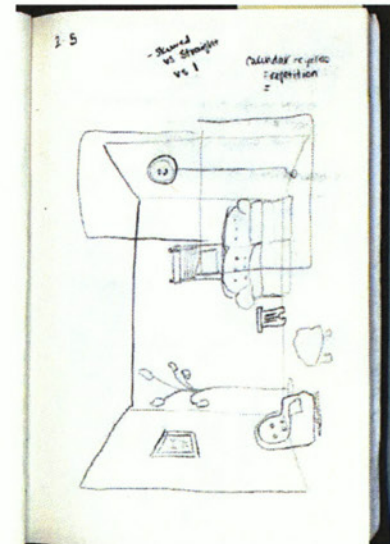


Figure 4
Page from Journal 1
Digital Scan
9 x 6 in.
2015



Figure 5
Dramatization with Paint #1
Archival Inkjet Print
20 x 14 in.
2015



Figure 6
Dramatization with Paint #2
Archival Inkjet Print
20 x 14 in.
2015

Material or physical validation is a common motivator during social interaction. Many individuals hide behind an idealized physical version of themselves while in public, using makeup or other aspects of their appearance to alter how they are perceived by others. The diptych titled *Dramatization with Paint #1* (figure 5) and *Dramatization with Paint #2* (figure 6) is an exploration of this theme. The two photos show a bathroom in which a hazy figure is stepping into and sitting in a tub. The figure is smeared with a mix of colored paints, which he is

in the act of shedding. The perspective of the first photo seems to be from the doorway of the bathroom while the second part of the diptych is from a much closer distance. The change in distance and angle from the first image to the second implies that the viewer has moved closer to inspect the subject. The subject turns away from view in the second image, hiding his face, shrinking beneath the dirty solution created by the mix of colors smeared onto his skin. The shower curtain in the second image creates lines leading the viewer to focus on the subject in the tub. The use and placement of paint in the scene suggests violence, filth, and discomfort, particularly with the placement of red paint on the toilet and sink. Harsh, single-source lighting creates a voyeuristic mood which casts the scene in an ominous glow. This figure is alone in the private space of a bathroom, out of the social context, so he is provided with the opportunity to end his social performance. The actor drops his act, so to speak. Removing this layer of paint seems to be a lonely, sad, and threatening experience. The figure's body language expresses discomfort and shame. Without the need for validation he allows himself to sink into his self-hatred and despair.



Figure 7
Dramatization with Blankets #1
Archival Inkjet Print
14 x 20 in.
2015



Figure 8
Dramatization with Blankets #1
Archival Inkjet Print
14 x 20 in.
2015

The other diptych in this body of work, titled *Dramatization with Blankets #1* (figure 7) and *Dramatization with Blankets #2* (figure 8), features a dim, messy bedroom. The subject is lying in bed, mostly obstructed from view. Their presence is given away by clues such as a tuft of hair or a hand peeking out from under the mountain of blankets. Items such as shoes, books, dirty dishes, and cigarette butts surround the bed. Again, the lighting is harsh, from a single source, encouraging the viewer to lead an investigation of the scene. The two photos are almost identical in content and composition but some items change position from the first to second images. The theme of the private space and lack of “acting” is present once again. Social interactions can be draining for a person prone to acting, which may lead to self-neglect while in private. The bedroom acts as a safe space for the subject to retreat from others’ judgment and lapse into unhealthy behaviors. There is a cat in the first image but not in the second—the disappearance of the cat doesn’t seem to affect the subject. The comparison of the two photos invokes a sense that the subject is indifferent towards their surroundings, just using their private space as an opportunity to escape the responsibilities of social interaction. The muted color scheme and use of shadows reinforces these feelings of numbness, depression, and isolation.



Figure 9
Dramatization with Pencils
Archival Inkjet Print
30 x 25 in.
2015

Anxiety is caused when an actor is unsure of the effectiveness of their social performance. One of the two larger prints in this thesis, *Dramatization with Pencils* (figure 9), explores this theme of social anxiety. The image shows the exterior of a house where the front

door is covered in pencils sharpened down to nubs. Closer inspection of the image reveals that each pencil has been chewed. A blurry figure can be seen peering out at the viewer through the textured glass window of the door. The figure hides inside, wearing a mask, seemingly unsure of the outside world and the dangers that it holds. The front door acts as a physical barrier between the inside and the outside of a house. It symbolizes the transition between our public and private lives and is the tool through which a visitor may gain access to our private interior spaces. A viewer's perception of an actor may drastically change when they finally get to know the private side of an actor's identity, which is coincidentally what ended up happening between the model in this photo and myself in the time since this body of work was exhibited. This print is personally the most impactful from *The Fear of Mental Illness* for that reason. The figure stands at the door like they are waiting for someone to arrive, but the front porch light of the house is not on to welcome visitors. Again, direct lighting from the viewer's perspective emphasizes a surreal, eerie feeling of the subject's instability. Anxiety may often show itself in compulsive behavior such as chewing pencils, so I decided to go through the process of sharpening and chewing each pencil used as a prop in this photo. The tedious process behind the props for this image allowed me to test out this coping mechanism and insert myself into the subject's narrative. These pencils were included in the final gallery installation for viewers to leave feedback in a comment book. This added a layer of inclusion to the installation, allowing the viewer to experience a part of the artwork by touching artifacts from the series.



Figure 10
Dramatization with Muffins
 Archival Inkjet Print
 30 x 25 in.
 2015

Overcompensation is a coping mechanism that is fueled by feelings of atonement for some perceived error. The other large print in *The Fear of Mental Illness, Dramatization with*

Muffins (figure 10), is a representation of an impactful relationship I had with the theme of overcompensation. The scene is comprised of a dark kitchen lit by a single source of light, reminding the viewer of a flashlight. Drawers and doors are opened to reveal the extent to which muffins are stacked on every available surface. The lighting and composition continue an investigatory theme, reminding the viewer of their relationship with the work. Our fictional character has baked and displayed muffins to prove to the viewer that they are functional, but they end up obstructing the utility of the kitchen in doing so. The attempted presentation of productivity and wellness is working against the subject in this scene. This interpretation of overcompensation is loosely based on memories of my mother. When I was growing up she would go through manic and depressive phases, which manifested themselves in the state of the kitchen. This final version of this photograph contains over two hundred homemade muffins, baked following one of my mother's recipes. Again, the performative nature of this piece works to strengthen the message of changing our perceptions of past experiences.



Figure 11
Day 1
Archival Inkjet Print
17.5 x 20 in.
2015



Figure 12
Day 2
Archival Inkjet Print
17.5 x 20 in.
2015



Figure 13
Day 3
Archival Inkjet Print
17.5 x 20 in.
2015



Figure 14
Day 4
Archival Inkjet Print
17.5 x 20 in.
2015



Figure 15
Day 5
Archival Inkjet Print
17.5 x 20 in.
2015

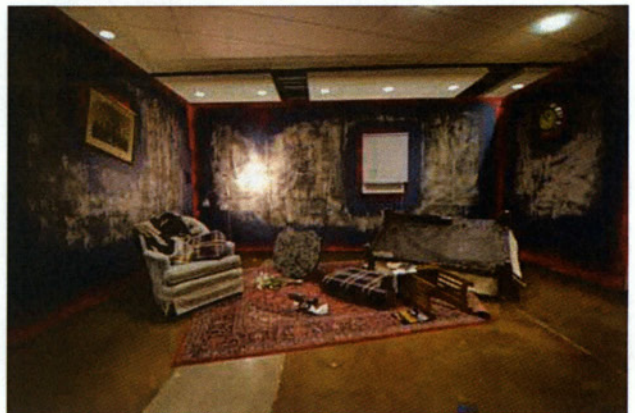


Figure 16
Day 6
Archival Inkjet Print
17.5 x 20 in.
2015

The subject's desperate quest for validation is further explored in a series, titled by numbered days (figures 11 to 16), which shows a living room changing over a period of six days. *Day 1* shows a tidy room with plain brown walls and everyday objects you might expect to be in a living room, such as a loveseat, a coffee table, a vase with flowers, and a window. *Day 2* shows

a room that has green walls with brown stripes, containing much of the same props as *Day 1*. Each day the room's walls change to a different color and the objects in the room have been altered in some way, which creates a progression for the viewer to follow. The room continues to get messier, until *Day 6* where the room has been completely torn apart and destroyed. I have noticed that the "housewife" genre of magazine tends to give advice for mental health in the form of redecorating. The way I understand this is coping by means of exerting control. A typical housewife is under the control of a patriarchal system which keeps her in line and gives her the responsibility of maintaining the family home. Goffman's theories on presentation of self include the analyzation of setting, where he states that acting can extend to include altering scenery, props, etc. to help manipulate what others see in our performance. Domestic spaces are the woman's domain, and a woman does what she can with what she has. I repainted and rearranged this space on campus over the course of one week as a way of putting myself in the subject's shoes and experiencing what I see as the recommended "therapy for women". Each object in this room is personal and symbolic, coming from or representing certain individuals that have helped shape my social experience. This series acts as a self-portrait in this way, as well as a portrayal of the fictional character's descent into dysfunction. As evidenced by the series, this method of therapy is not successful for our subject.



Figure 17
Install Documentation
Digital Photo
Ball State Atrium Gallery
December 2015



Figure 18
Install Documentation
Digital Photo
Ball State Atrium Gallery
December 2015

The Fear of Mental Illness was installed in Ball State University's Atrium gallery for exhibition in December of 2015 (figures 1, 17, and 18). A living room was created with props from the six part room series in the middle of the gallery. Photos were hung from the ceiling with fishing line, floating independently of existing walls, to provide the boundaries for a space where the viewer could lead their investigation of the work. Props from the photos were included in the installation to give the viewer a sense of stepping into the work, or even stepping into the fictional subject's place in the work. The lack of walls around the installed living room prompted the viewer to question the authenticity and functionality of the space. The installation was the result of my own investigation into my fear of mental illness, and with it, I invited the viewer to consider the fictional subject and how they might relate to the behaviors documented in each photo.

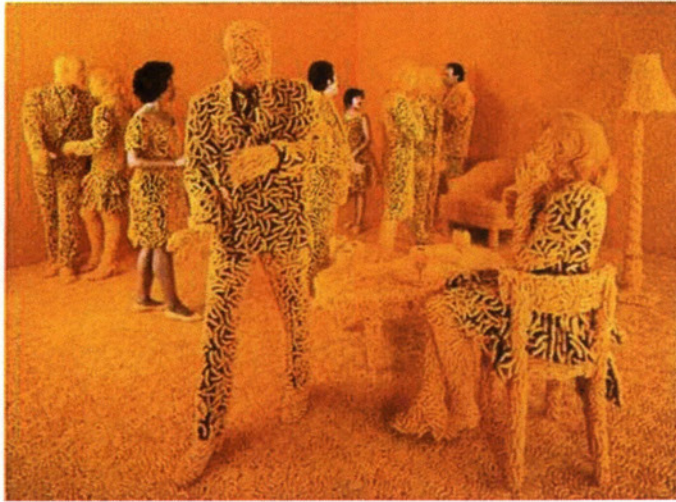


Figure 19
Cocktail Party
Photograph
48 x 65 in.
1992

Documentation of intricate installations was a theme throughout *The Fear of Mental Illness*. Artist Sandy Skoglund served as inspiration for the process behind this thesis project. She communicates with multiples, creating scenes with tedious detail throughout her work. Her photo *Cocktail Party* (figure 19) uses obsessive repetition of Cheez Doodles to emphasize how people can present themselves in social situations. Especially at cocktail parties, people can be fake and cheesy. This method of communicating concepts in abstract ways through objects and installations is what allowed me to avoid obvious references to specific mental illnesses. I did not want the viewer to turn this into a game of diagnosing the subject's issues. My goal was to encourage the viewer to investigate their own perceptions of "good and "bad", not to directly tell the viewer what to think.

After creating and analyzing *The Fear of Mental Illness*, I have reevaluated and adjusted my awareness of myself and others. Since I started this project I feel that I have gained a better understanding of my perception of mental health and the stigma that mental illness carries. I generalized and exaggerated my own personal experiences with mental illness, allowing the

viewer to judge each scene and see something of themselves in the work. I believe that this is a key to decreasing stigma and opening the discussion around mental illness as a collective issue. The installation for *The Fear of Mental Illness* was just the beginning of this revelation for me; I have spent the past two years working on this honors thesis, trying to fully understand my own body of work and how it has impacted me. Participating in these self-imposed trials and investigations prepared me to reconnect with multiple members of my family, including my mother, and lead to a personal journey towards improving my own mental health. I feel that I now better understand the extent to which we can all perform both healthy and unhealthy behaviors, and how complex our motivations can be. I believe that we should avoid typecasting other as either heroes or villains, and that everyone deserves a chance to be heard and considered. After all, what a person may present to others in social interactions is only a glimpse into a room through a keyhole. I hope that anyone who may see this work takes the time to reevaluate their perceptions of others and let go of their fear of mental illness as well.

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